

**MINUTES**  
**CENTRAL REGIONAL TRAUMA COORDINATING COMMITTEE**  
**AUGUST 18, 2008**  
**MERCED COUNTY PUBLIC HEALTH DEPARTMENT**  
**11:00 A.M.**

**MEMBERS PRESENT:**

Jim Davis, M.D.	Community Regional Medical Center, Fresno
Lynn Bennink, R.N.	Community Regional Medical Center, Fresno
Ken Kaylor, M.D.	Kern Medical Center, Bakersfield
Cathy Farr, R.N.	Kern Medical Center, Bakersfield
Anita Schlenker, R.N.	Doctors Medical Center, Modesto
Tony Tam, M.D.	Memorial Medical Center, Modesto
Sharon Perry, R.N.	Memorial Medical Center, Modesto
Chuck Baucom	Merced County EMS Agency
Linda Diaz, R.N.	Merced County EMS Agency
Clarence Teem	Toulumne County EMS
Todd Stolp, M.D.	Toulumne County EMS
Jonathan Jones, R.N.	EMS Authority
Dan Lynch	Central California EMS Agency
Jim Andrews, M.D.	Central California EMS Agency/Merced County EMS
Debbie Becker, R.N.	Central California EMS Agency
Paula Isbell	Kern County EMS Agency

**GUEST:**

Graham Pierce	Phi Air Medical
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I. Introductions / Call to Order

The meeting was called to order by Lynn Bennink at 11:10 a.m.

II. Responsibilities/Mission of the Region

A summary of the Trauma Summit in July was given by Lynn Bennink. In developing the State Trauma System, EMSA has used the Public Health Approach/Module to develop a system of planning and evaluation. Because of the size of California, EMSA appointed 5 Regions throughout the State, to address concerns in the trauma systems in each specific region. Because of the diversity in the State it would too difficult to try to develop one trauma system for the entire State.

The goals EMSA has outlined for each region to address are:

- Geographic access
- Transportation
- Specialty care availability
- Quality of Care
- Data collection
- Training and education
- Disaster planning

Johnathan reviewed the process the State used to decide on the 5 regions and how that decision was made. The regions have dotted lines, the boundaries are not concrete, and they may be some overlap between regions. Each region will have a representative to the State Trauma Advisory

Committee. Next July the State will hold another Trauma Summit to review the progress made during this first year.

Johnathan also reviewed some of the funding resources he is looking into, both State and Federal grants that are available and what data is needed to apply for grants. Jonathan applied for a grant last Friday for the Central Region for \$40,000 to cover travel expenses for 15 people and a communication system to be used by the LEMSA's and hospitals. To be eligible for grant money, the committee will need to do a Gap Analysis to see where we have gaps of care and resources in our region. We would need to gather data, assemble the data and then analyze the data to be eligible for travel monies. Johnathan reviewed some options and offered to write the grants once the committee has decided what we need.

### III. Goals

The committee discussed the goals listed above from the State. The committee will prioritize the goals and assign subcommittees to work on each goal. Drafts from the subcommittees will be brought back to the committee for discussion. The drafts will be taken back to each County to present to their hospitals and providers for discussion and then back to this committee for approval.

#### A. Data

There was discussion on the importance of data and a State Trauma Registry. As a region, we need to be able to collect data, share data, and generate compatible reports. The three trauma registry data systems used in the Region are NTRAC's, CDM, and Trauma One. In order to complete a Gap Analysis, be eligible for grants, and look at the quality of care in our Region we need to be able to collect and analyze compatible data.

The State is in the process of developing a State Registry and has been working on linking California and National data. They are about 6 months away from completing this.

#### B. Gap Analysis/ Resources

To work towards a gap analysis, the committee discussed resources available in our region.

##### Trauma Centers

1 Level I	Community Regional Medical Center – Burn Unit 10 beds
3 Level II's	Kern Medical Center - Bakersfield
	Memorial Medical Center - Modesto
	Doctors Medical Center – Modesto

##### Trauma Centers Outside of the Area – used to transfer patients

Stanford – I	Arrowhead - II
Davis – I	Loma Linda - I
Northridge – II	San Luis Obispo – (pending II)
Oakland Pediatrics – II	

Non-Trauma Centers within our region

Children's Hospital Central California (Regional Pediatric Referral Center)  
Kaweah Delta District Hospital (has applied to be a Level III trauma center)

Rehabilitation

Limited resources - Trauma centers transfer many of their spinal cord injured and TBI patients outside the region  
RMC has in-house rehab for their patients  
CHCC has in-house, patients need to have funding  
Kern – keeps their TBI / spinal, they have a local private facility, patient has to have funding. Transfer to Santa Clara  
Modesto-transfers primarily to Santa Clara

EMS Services

ALS services:

All areas have Fire First Responders and Paramedic level service, there are some small areas that don't have ALS coverage – Alpine County  
Merced County – Private ambulance  
Mountain Valley – Private ambulance  
Toulumne County – Public/Private - County run ambulance service  
Kern County – Private ambulance  
CCEMSA – 4 Fire ALS providers  
11 ambulance providers

Air Medical Services:

Air Methods – Modesto, Merced, and Kern  
Reach – North Valley  
PHI – North Valley  
Skylife – CCEMSA  
Hall Air – Kern  
CHP – CCEMSA

Out of Area Air Medical Services are used as needed

Data collection:

Most agencies are collecting electronic data from their Prehospital care providers  
CCEMSA –close to 100% of the Prehospital agencies have electronic data and is able to get data and generate reports  
Merced – gets some data reports, not from all agencies  
Kern – not able to get most of the data, can't generate reports

There was discussion on the need to link and generate reports. The committee will need to look at what data is collected and what indicators each area collects so we can generate compatible reports. Johnathan Jones can invite someone from the National data group to help us with linking our data together.

#### IV. Prioritization of Goals

##### A. Prehospital Trauma Policies / Procedures

The committee felt it is important to work towards standardizing the prehospital policies/procedures for trauma treatment, triage and eventually destination. The goal will be to develop the policies/protocols by this committee and be implemented by each county.

Policy / Procedure Subcommittee –

Jim Andrews – Chair

Anita Schlenker

Graham Pierce (pending appointment)

Clearance Teem

Dr. Donovan (Air medical- pending appointment)

Recommended to add a ground ambulance provider

Prior to the next meeting, Jim Andrews will review Trauma Treatment Protocols and Trauma Triage Policies from several LEMSAs, including those within our region and will then draft a Trauma Treatment Protocol and Trauma Triage Policy.

##### B. Gap Analysis

Subcommittee – Ken Kaylor - Chair

Ken will develop a survey to send out to each LEMSAs regarding their resources. Some of the areas discussed were:

Trauma Centers

Specialty Coverage

Burn

Rehab

Prehospital Policies, Triage, Transport times

Pediatric coverage

Data

Geographic area, rural coverage

Jim Davis will work with Ken in development of the survey and collecting the data.

##### C. Quality of Care

Subcommittee – Jim Davis - Chair

The committee wants to define indicators and work towards standardizing the definitions, audit filters, and a process for case reviews.

Jim Davis will send out a list of indicators, definitions and audit filters for discussion. Additional members will be added at next meeting.

D. Bylaws

Subcommittee – Clarence Teem - Chair

Clarence will work on a draft of the bylaws and bring back to the committee for discussion. Additional members may be added at next meeting.

V. Officers / Meeting times of committee

Until Bylaws are developed and approved the following officers were appointed:

Chair – Jim Davis

Co-Chair – Ken Kaylor

Facilitator – Lynn Bennink

Secretary – Debbie Becker

Meetings will be held the third Monday, every other month from 11:00 am to 3:00 pm. Meetings will be held at the Merced County Public Health Department. The location may be rotated in the future if needed.

The meeting was adjourned at 2:55 P.M.

The next meeting is scheduled for October 20, 2008, 11:00 A.M. at Merced County Public Health Department